

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

12/363/61

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1	10				
12		6				
13		6				
14		4				
15		2				
16		10				
17		10				
18		10				
19		10				
20		10				
21		10				
22		10				
23		5				
24	1					
25	1					
26	1					
27	1					
28	1					
29		5				
30		3				
31		3				
32		2				
33		5				
34		5				
35		5				
36		5				
37		5				
38		5				
39		5				
40		5				
41		5				
42		5				
43		5				
44		5				
45		5				
46		5				
47		5				
48		5				
49		5				
50		5				
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	157	←		←		←
TOTAL CLAIMS	172					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						